Please download, fill out, save, and email as an attachment to runte@erinschool.org.

KINDERGARTEN
2025-2026

ERIN SCHOOL DISTRICT
6901 Hwy O
Hartford, WI 53027
262-673-3720
262-673-2659 Fax
www.erinschool.org

Family Background

Date: _____

Child's Name:
(_____)(_____)(_____)
First Middle Last

Nickname:_____ Registering for: ☐ 4K ☐ 5K
(As child will print name in school)

Primary Address: _____
(Street, City, State, Zip)

Birth date: _____ Sex (M) (F) Primary Phone #:_____
Month/Day/Year

Primary Language spoken at home:

- ☐ English
- ☐ German
- ☐ Hmong
- ☐ Italian
- ☐ Spanish
- ☐ Other (Specify Below)

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? *(Choose only one)*

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino

2. Is this student: *(Choose one or more. You must select at least one.)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Place of Birth: _____
City County State

FAMILY 1 INFORMATION – Parent/Guardians residing in the home:			
Name(First & Last)		Name	
Relationship		Relationship	
Employer		Employer	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
E-Mail		E-Mail	

FAMILY 2 INFORMATION – Parent/Guardians living elsewhere:			
Name		Name	
Relationship		Relationship	
Address			
City,State, Zip			
Employer		Employer	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
E-Mail		E-Mail	

Who has legal custody of the child:
Mother & Father _____ Mother Only _____ Father Only _____ Joint, Divorced _____

Child lives with: Mother & Father _____ Mother Only _____ Father Only_____ Other (please list) _____

Has your child ever received special education services? Yes No

Does your child currently have an IEP? Yes ___ No ___

Has your child been referred for a special education evaluation that has not yet been completed? Yes ___ No ___

Does your child currently have a 504 plan? Yes ___ No ___

Other children in family:

Name	Age	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please keep in mind that all children develop at different rates, and children are NOT expected to be secure for any of the following outcomes prior to the start of 4 Year Old Kindergarten.

Self Help Skills	**Beginning**	**Developing**	**Secure**
Uses bathroom	☐	☐	☐
Washes and dries hands	☐	☐	☐
Fastens coat (e.g., engages zipper and zips, buttons, snaps)	☐	☐	☐
Ties shoes	☐	☐	☐
Cleans up toys	☐	☐	☐
Comments/Concerns:			

Fine Motor	**Beginning**	**Developing**	**Secure**
Uses scissors appropriately	☐	☐	☐
Colors within lines	☐	☐	☐
Prints first name	☐	☐	☐
Draws simple shapes	☐	☐	☐
Draws a person with at least 3 body parts	☐	☐	☐
Uses tripod grasp (thumb, forefinger, index finger)	☐	☐	☐
Comments/Concerns:			

Gross Motor	**Beginning**	**Developing**	**Secure**
Uses playground equipment safely	☐	☐	☐
Catches and throws a playground ball	☐	☐	☐
Jumps with two feet	☐	☐	☐
Balances on one foot for 5 seconds	☐	☐	☐
Gallops	☐	☐	☐
Comments/Concerns:			

Reading Readiness	**Beginning**	**Developing**	**Secure**
Shows interest in books	☐	☐	☐
Enjoys being read to	☐	☐	☐
Identifies letters of alphabet	☐	☐	☐
Recognizes familiar signs and words (name, restaurants, name brands)	☐	☐	☐
Comments/Concerns:			

Math Readiness
Counts to _____ (what number)
Identifies _____ colors (how many different colors)
Identifies numbers 1-10 ☐ Yes ☐ No
Comments/Concerns:

Social Skills	**Beginning**	**Developing**	**Secure**
Plays independently by self	☐	☐	☐
Plays interactively with peers	☐	☐	☐
Uses materials or toys appropriately	☐	☐	☐
Follows 2-step directions (e.g., first get your shoes, then get your coat	☐	☐	☐
Comments/Concerns:			

Language	**Beginning**	**Developing**	**Secure**
Asks questions (using who, what, when, where and why)	☐	☐	☐
Your child's speech is easy to understand	☐	☐	☐
Takes a turn and allows others to take a turn	☐	☐	☐
Initiates conversation with others	☐	☐	☐
Comments/Concerns:			

Additional Questions:

1. Has your child attended pre-school, daycare or participated in any other activities or organizations?

2. Does your child have any health conditions (e.g., allergies, asthma, seizures, diabetes, heart etc.)?

3. What are your child's strengths?

4. Read the statements below and check if they describe your child:

- ☐ Eating problems (e.g., eats too little or too much)
- ☐ Sleep problems (e.g., sleeps too little/too much)
- ☐ Difficulty separating from parent
- ☐ Displays anxiety (e.g., worries frequently)
- ☐ Difficulty with toileting (e.g, willingness to use an unfamiliar restroom, noise of automatic flushers)
- ☐ Vision (e.g., glasses, lazy eye, vision therapy)
- ☐ Hearing (e.g., tubes in ears, frequent ear infections, sound sensitivities, please indicate any "results of hearing test")
- ☐ Temper Tantrums
- ☐ Difficulty paying attention
- ☐ Difficulty sitting still
- ☐ Displays aggressive behaviors

Comments/Concerns:

Student drop off locations have an impact on bus routes, please let us know if there is a possibility that your child will be dropped off at an address other than your home address. (i.e. babysitter). Please note, the bus can only pick up and drop off students at District Residences. Since bussing is provided to district residents, we assume your child will be riding the bus unless you tell us otherwise. Do you plan on using the bus? Yes ☐ No ☐

Our 4K Program runs all day every other day. Do you prefer Monday/Wednesday and alternating Fridays or Tuesday/Thursday and alternating Fridays? M/W/F ☐ or T/R/F ☐
Please note, we may not be able to honor all requests but will do our best to accommodate.
Are you interested in the 4K Extended Day Program opposite the days your child would be in 4K? ☐ Yes ☐ No If so, what days ☐ ☐ ☐ ☐ ☐ consistently ☐ or as needed ☐?
The 4-K Extended Day is an extension of the 4-K program offered by the Erin School District. **There is a fee for this program.**